DEFERRED EARNINGS STATEMENT

Statement Date: _____

Period Ending: _____

Statement ID: _____

Recipient Details

Name:

ID / Reference:

Department:

Role / Position:

Plan Overview

Deferred Plan Name:

Effective Date:

Currency:

Status:

Statement Summary

Category	Beginning Balance	Deffered / Added	Released / Paid	Adjustments	Ending Balance
Total					

Detailed Schedule of Releases

Release Date / Event	Source Contract / Award ID	Original Deferred Amount	Amount Released	Remaining Deferred Balance

Release Date / Event	Source Contract / Award ID	Original Deferred Amount	Amount Released	Remaining Deferred Balance
Total Remaining				

Notes & Comments

Prepared By (Authorized Representative)

Acknowledged By (Recipient Signature)